# Life Sharing Network Semi-Annual Report

It is an expectation that contractors in the Life Sharing Network provide update report to BACI every six months and as requested. This should include updates on progress made towards acquiring goals developed in the yearly planning meeting and general overview of the following areas:

- Personal Health and Safety
- Relationship
- Communication
- Community participation
- Home Life
- Day Time Activities

Individual's Name:	Date of Birth:		
Name of Life Sharing Network contractors(s):			
Home phone no.:	Cell No.:		
Address:	Postal code:		
Reporting period: from:	to		
Next report due:	Report prepared by:		
	Date:		

Individual's typical schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A M							
P M							
E V E							

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#### **HEALTH and SAFETY**

List all medications that the individual currently takes including PRN.					
Medications	Dosage	Uses			
Discontinued medications. Please inclu	ude reason(s) why.				
_					
List any relevant appointments that hat to: medical, dental, professional suppo	orts, etc.	eporting period: includes but not limited			
	<u>Date</u>	<u>Purpose</u>			
	<u>Date</u>	<u>Purpose</u>			
	<u>Date</u>	<u>Purpose</u>			
	<u>Date</u>	<u>Purpose</u>			
	<u>Date</u>	Purpose			
	<u>Date</u>	<u>Purpose</u>			
	<u>Date</u>	<u>Purpose</u>			
Describe any follow up action required Please provide an update on the individual illnesses, mental health, injuries, accidents	d as a result of the above ridual's over all health & w	noted appointments: ell being. This includes nutrition,			
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<b>RELATIONSHIP</b> Please provide details of the individual's interactions with family members, friends, and others (your family & friends, people in the community, acquaintances, etc). Who did he/she spend time with? Who does he/she want to get to know better?
<b>COMMUNICATION</b> Please describe individual's experience in his/her participation in the community. Provide stories of successes &challenges. Include details about work (paid/volunteer), education, recreation, or other significant activates.
COMMUNITY PARTICIPATION/DAY TIME ACTIVITIES  Please describe individual's experience in his/her participation in the community. Provide stories of successes &challenges. Include details about work (paid/volunteer), education, recreation, or other significant activities.

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What can be done to address the challenges?
HOME LIFE Please describe individual's experiences in his/her home life. Provide stories of successes and challenges. Include details of his/her participation in all aspects of his/her home (personal & oral care, recreation, social activities, chores, etc)
What can be done to address the challenges?
Risk/Issues/Concerns